

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 16-018,850	FILING DATE				
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1							51				
2							52				
3							53				
4		2					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13							63				
14							64				
15		2					65				
16		2					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29							79				
30							80				
31							81				
32							82				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		2					TOTAL IND.				
TOTAL DEP.		20					TOTAL DEP.				
TOTAL CLAIMS		22					TOTAL CLAIMS				